

Form No. 4

 	<p>AGO MEDICAL AND EDUCATIONAL CENTER Graduate School - Master of Science in Public Health Legazpi City</p>
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Application for Title, Pre-Oral and Final Defense Form

Name: _____
(Surname followed by First name and middle initial)

Profession: _____ Student No. _____

Title of research/thesis: _____

Preferred Date of Defense: _____
Time: _____

Student's Signature over printed name

ENDORSED BY:

Adviser (Signature over Print Name)

RECOMMENDING APPROVAL:

Research/Thesis Advisory Committee

Chairman

Member

Member

Member

APPROVED BY:

Office of the Dean of Graduate School

Dean

Office of the Cashier

Defense Fee: _____ OR No. _____

Cashier ((Signature over Print Name) _____

Note. When Completed, please return this form to the Research/Thesis Advisory Committee/Office of the Assistant Dean for scheduling of the Oral Defense